

AMERICORPS*VISTA CONCEPT PAPER

Submit via eGrants at www.nationalservice.org



Instructions

Submit a completed Concept Paper face sheet (attached) with your narrative.

In narrative format, develop a concept paper (between 500-750 words or 2-3 pages) that introduces your organization and summarizes your proposed project. Be sure to:

- ☐ Type, single-spaced.
- ☐ Use the same headings and lettering provided below when completing your concept paper.
- ☐ Submit to the appropriate Corporation for National and Community Service State Office

The concept paper must address the following areas:

I. Executive Summary

- A. Briefly describe your organization's mission, history, and the beneficiaries of your organization's programs.
- B. Describe the project activities the requested AmeriCorps*VISTA members will perform.

II. Strengthening Communities

- A. Describe the specific poverty-related community need(s) the AmeriCorps*VISTA project will address.
- B. Describe how the proposed project will strengthen your organization's capacity to address the need(s) of the community. What are the project's anticipated outcomes? What strategies will your organization employ to achieve these outcomes? How will you measure your success in achieving these outcomes?

III. Program Management

- A. What is the estimated length of time required to complete the project? What is your proposed number of AmeriCorps*VISTA members?
- B. Describe how you will supervise the project and member(s). In addition to the training provided by the Corporation for National and Community Service, what type of training will you provide to AmeriCorps*VISTA members?

IV. Organizational Capacity

- A. Address your organization's capacity to manage the proposed project including previous experience working with community volunteers and/or national service participants. Was your organization previously assigned AmeriCorps*VISTA members? If so, specify the sponsoring organization (if different from your own), years and number of members. Briefly describe how the proposed service activity differs from what your members did previously. Also, if your agency is currently receiving other CNCS resources, specify which program and the number of members.
- B. What resources are available to support the project? Identify the names of partner organizations. Please indicate if you are able to support a cost-share member (approximately \$9,500 - \$10,400/year).

CONCEPT PAPER: FACESHEET INSTRUCTIONS

Item #

1. Filled in for your convenience
2. Self-Explanatory
4. 2.b. and 4.a. are for State use only (if applicable).
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the project. Not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
 - c. Your organization's complete address to include country and the 5 digit ZIP code
 - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service
7. Item 7a: Enter the appropriate letter in the box
Item 7b: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

- | | |
|---|--|
| 1. 2-year college | 16. Local Education Agency |
| 2. 4-year college | 17. Local Government municipal |
| 3. Area Agency on Aging | 18. National Non-Profit (Multistate) |
| 4. Chamber of Commerce/Business Association | 19. Other Native American Organization |
| 5. Community Action Agency/Community Action Program | 20. Other State Government |
| 6. Community College | 21. School (K-12) |
| 7. Community –Based Organization | 22. Self-Incorporated Senior Corps Project |
| 8. Faith-based organization | 23. Service/Civic Organization |
| 9. Governor's Office | 24. State Commission/Alternative Administration Entity |
| 10. Grant-making Entity Operating in Two or More States | 25. State Education Agency |
| 11. Health Department | 26. Statewide Association |
| 12. Hispanic Serving College or University | 27. Tribal Government Entity |
| 13. Historically Black College or University | 28. Tribal Organization (non-government) |
| 14. Law Enforcement Agency | 29. U.S. Territory |
| 15. Local Affiliate of National Organization | 30. Vocational/Technical College |
| | 31. Volunteer Management Organization |

8. Check "New"

9. Filled in for your convenience

10. Filled in for your convenience

11. Enter the proposed title of the project.

12. List all political entities affected (e.g., counties and cities)

If you are a former AmeriCorps*VISTA grantee or sponsor, check the box indicating this. Enter the years you were a grantee or sponsor and the number of members/participants you enrolled at that time.

If you have received other CNCS resources please describe what these were and the number of members/participants supported by those resources.

Enter in the anticipated length of your proposed project.

17. The person who signs this form must be the applicant's legal representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements of representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

**CONCEPT PAPER
FACESHEET**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 2B. APPLICATION ID:	4.a. DATE RECEIVED BY CNCS
5. APPLICANT INFORMATION			
5 a. Legal Name:			
5.c Address: (give street address, city, count, state and zip code)		5 D. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code) NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS: WEBSITE:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		7. a TYPE OF APPLICANT: (Enter appropriate letter in box:) <input type="checkbox"/> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District Other (specify) I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization	
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW		7 b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____	
9: NAME OF FEDERAL AGENCY: Corporation for National and Community Service		10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94 – 013 TITLE (Name of Program): AmeriCorps*VISTA	
11. a, TITLE OF APPLICANT'S PROJECT:		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):	
<input type="checkbox"/> FORMER GRANTEE/SPONSOR YEARS: #MEMBERS/PARTICIPANTS: <input type="checkbox"/> OTHER CNCS RESOURCES DESCRIBE: #MEMBERS/PARTICIPATNS ANTICIPATED LENGTH OF PROJECT:			
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			DATE SIGNED: